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Department of Juvenile Services (DJS)
Response to Juvenile Justice Monitoring Unit (JJMU)
Second Quarter Report 2008 Sections I - V

DJS welcomes the opportunity for dialogue concerning effective youth rehabilitation systems and strategies, and appreciates the Juvenile Justice Monitoring Unit's recognition of the success of the Department's many reform initiatives under Secretary DeVore's leadership. The JJMU Second Quarter 2008 Report ("JJMU Report") outlines concepts that have been widely recognized and reported in the national research literature on effective approaches to treatment services for delinquent youth.

However, the JJMU Report misstates and misses important aspects of the bigger picture of system reform in which the Department has been actively engaged. While the JJMU is correct that the Department focused intensively on improving conditions and services in its residential detention facilities during the past year, the JJMU Report falls significantly short of its stated goal "to enhance knowledge among decision makers about what works to rehabilitate youth in residential programs and what services Maryland programs offer today" (JJMU Report, p. 4) because it does not identify the Department's *simultaneous* implementation of substantial reforms of treatment services that are the subject of the Report. Many conclusions in the JJMU Report are also unfounded because they are based on incomplete, inaccurate and unreliable information.

To inform dialogue about what works in youth rehabilitation and juvenile justice, the Department's response clarifies and more completely and accurately describes the Maryland Model, including the implementation of Evidence-Based Programs for youth in residential treatment programs and in the community during the past year. Moreover, to an unprecedented degree, the Department has partnered with other child-serving agencies in local and State government, law enforcement, the judiciary and community stakeholders in advancing these reforms.

DJS Response to Section I – Recidivism

The JJMU Report does not accurately interpret and compare Maryland recidivism rates:

Maryland has a lower rate of recidivism if defined according to Missouri's more restrictive definition

The JJMU Report identifies the complexities involved in defining, comparing and interpreting juvenile recidivism rates – but then utilizes the same “apples-to-oranges” reasoning that the research literature cautions against to reach conclusions about recidivism rates in Maryland.

Recidivism is defined and measured differently across states. The broadest definition of recidivism is re-arrest, which also generally yields the highest rates. Even the definition of re-arrest varies along a continuum from least to most restrictive: DJS defines re-arrest very broadly to include any arrest, juvenile or adult, regardless of whether the charges were sustained or a new placement occurred as a result. To provide the most complete picture, DJS also reports a wide range of outcomes at one, two, and three year follow up periods, into the juvenile and adult systems and at the three standard levels of re-arrest, re-adjudication or adult conviction, and re-commitment or adult incarceration.

While the JJMU characterize Maryland's recidivism as “high” and suggest that Missouri's recidivism is lower, Maryland certainly has at least a comparable recidivism rate and it could very well be that Maryland has a *lower* rate of recidivism if defined according to Missouri's more restrictive definition. Missouri reports a 7 percent recidivism rate that includes only juvenile-level re-commitment; when “revocations” (youth re-committed while on aftercare with no additional court action) are factored in, the recidivism rate increases to 15 percent. Recalculating the Maryland recidivism rate according to the Missouri definition of recidivism, the comparable rate for Maryland youth was only 7.7 % after one year and 12% after two years.

Like Maryland, Virginia uses a broad definition of recidivism. The Virginia combined juvenile and adult re-arrest rate after three years was 79.1% for youth released in FY 2004. The comparable Maryland rate is 71.8%.¹ Both states follow youth released from juvenile committed out-of-home placements for three years, tracking juvenile and adult arrests.²

¹ Maryland Annual Statistical Report, available at www.djs.state.md.us/Publications.

² Virginia Department of Juvenile Justice Data Resource Guide, 2007: http://www.djj.virginia.gov/About_Us/Administrative_Units/Research_and_Evaluation_Unit/pdf/Reoffense.pdf, and Virginia Department of Juvenile Justice, Juvenile Recidivism in Virginia, DJJ Research Quarterly, April, 2005.

In summary, the JJMU Report presents an incomplete picture of recidivism and its utility for determining program efficacy. More troubling, the JJMU Report bases sweeping conclusions about the effectiveness of treatment models on re-arrest rates for a very small number of youth (e.g., eight girls released from Waxter in all of FY 08). This is far outside any standard and reliable research protocol.

The JJMU Report is misleading with respect to recidivism rates for Victor Cullen and the Waxter Center:

The JJMU utilizes its calculation of the Victor Cullen recidivism rate - although it represents only one aspect of a broader and more complex issue, and is at present available for only a very small number of youth over a limited period of time - to make a sweeping conclusion that the Victor Cullen program has not been effective and that its “entire therapeutic program model” (JJMU Report, p. 13) may need to be changed. Basing conclusions about the efficacy of juvenile treatment programs in this way is totally unsupported by accepted research methodologies and by expert practitioners in the field.

The JJMU Report utilizes re-arrest as the only measure of recidivism for Victor Cullen and calculates that 29 percent of youth were re-arrested post-release – but because the JJMU uses a small sample, this percentage actually represents four youth.

In line with its emphasis on transparency and accountability, DJS publicly reports a wide range of recidivism measures.

Using Missouri’s calculation method, Victor Cullen’s recidivism rate would be just 4 percent. In other words, of 28 youth who completed the program and were released in the 13-month period from July 1, 2008, when Victor Cullen opened, to August 27, 2008, one youth has been re-committed to a juvenile facility.

Of a total of seven youth released from Waxter in FY 08, the JJMU report that three youth were re-referred, but they do not indicate that only one youth has been re-adjudicated and none has been re-committed.

The JJMU Report incorrectly identifies the type of recidivism data that DJS regularly measures, tracks and reports:

DJS is a data-driven and transparent agency. In line with its emphasis on transparency and public accountability, DJS publicly reports a wide range of recidivism measures in *Annual Statistical Reports*.³ Similarly, the current and

³ See www.djs.state.md.us/Publications.

previous JJMU Reports have relied nearly exclusively on data collected and provided by DJS.

DJS publishes recidivism rates by program type including Group Home, Residential Treatment Center, and Youth Centers, in our Annual Statistical Report. DJS does not publish recidivism rates for each program due to methodological limitations – for many programs the number of youth is statistically small, and youth are sometimes served by multiple programs - but contrary to the JJMU's assertion, data for all the programs are used internally for program evaluation and shared with the individual programs.

DJS has collected and analyzed preliminary recidivism data for Victor Cullen, and Victor Cullen youth that have been out of the program for at least a year will be represented in the standard annual recidivism study for FY 2007 which will be completed at the end of this calendar year.

DJS Response – Section II Therapeutic and Rehabilitative Programming

The JJMU Report does not accurately describe the Maryland Model:

The Maryland Model focuses on increasing public safety through the rehabilitation of youth. At its core, the Maryland Model provides services to youth in the least restrictive settings closer to their home. The Maryland Model promotes objective decision-making based on scientific and validated assessment instruments to prevent re-offending and to match youth with appropriate services in order to create an effective and responsive service delivery system. In order to articulate and implement the Maryland Model, the Department is focused on the development of professional staff, the utilization of best practices and quality assurance processes, and the reliance on strong collaboration with law enforcement, courts, service providers, child serving agencies and community stakeholders.

The Maryland Model is a regionalized service delivery model, with an emphasis on evidence-based practices and community collaboration, validated assessment and treatment tools, treatment, and successful reentry for youth requiring residential care.

To ensure the implementation of the Maryland Model, DJS has taken steps to build in-state treatment capacity, increase community-based services, strengthen interagency collaboration, recruit and train professional staff, implement national best practices, and increase agency accountability through a quality assurance process.

The following overarching goals are associated with achieving the objectives of the Maryland Model:

- Treating Maryland's Youth in Maryland;

- Improving Conditions of Confinement at all DJS Facilities;
- Achieving Better Outcomes for Youth and Families by Becoming a More Data and Results Driven Agency;
- Reducing the Number of Homicides and Non-Fatal Shootings of Youth under DJS Supervision; and
- Aligning Organizational Development with Strategic Planning.

The Department has reorganized its previous five service areas into six new regions to better coordinate with local public safety, city and county agencies, as well as community-based providers, including those who will be providing expanded evidence-based services and programs. Currently, detention centers predominantly serve youth by geographic area. Regional reconfiguration will not change the areas served by the existing and proposed replacement detention centers. The newly configured regions are as follows:

Baltimore Region:	Baltimore City
Central Region:	Baltimore, Carroll, Harford & Howard Counties
Western Region:	Allegany, Frederick, Garrett & Washington Counties
Eastern Region:	Eastern Shore & Cecil County
Southern Region:	Anne Arundel, Calvert, Charles & St. Mary's Counties
Metro Region:	Montgomery & Prince George's Counties

DJS is structuring a cooperative, unified and efficient service delivery and administrative infrastructure. To integrate the facilities into the regional structure, Superintendents will report to Regional Directors. Program services (Behavioral Health, Medical and Education), as well as support services (Finance, Human Resources, IT, Procurement, and Maintenance and Training) will be decentralized with key support staff embedded in the regions, but reporting centrally to Headquarters. The Regional Directors will maintain oversight of intake, probation and aftercare, and will assume oversight of community detention. The DJS Headquarters in Baltimore will continue to provide oversight to ensure compliance to policy, procedure and law, and ensure quality services.

One of the overarching goals of the Department is to serve Maryland youth in Maryland. This means that youth who have been served historically in the out-of-state programs would be served in new in-state programs. With the construction of two new secure treatment centers to house male youth, one 48-bed center at Cheltenham and one 48-bed center in Baltimore City, and the existing 48 beds at Victor Cullen, the Department will have a capacity of 144 beds for the most challenging segment of its population and improve its ability to serve Maryland's youth in Maryland and to further reduce the Pending Placement average length of stay.

DJS uses a continuum of community-based services, treatment, and placements for delinquent youth in their communities or out-of-home. Traditional community-based programs include probation, home detention and monitoring, court-ordered

community services, victim restitution and counseling. These options are now augmented with the use of innovative Evidenced-Based Programs (EBP), to include Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), and Multi-Dimensional Treatment Foster Care (MTFC).

**DJS has nearly tripled
our funded slots for
Evidence-Based Practices**

Secretary DeVore committed to the significant expansion and utilization of Evidence Based Practices (EBP) throughout the State, an essential underpinning to the full implementation of the Maryland Model. Under Secretary DeVore's leadership, DJS has nearly tripled our funded slots for EBP – increasing from 107 slots when he arrived to 297 funded MST and FFT slots. In 2009, Maryland will have its first funded Multi Dimensional Treatment Foster Care beds. In addition to dramatically improving access to EBP, the Children's Cabinet approved funding for the Maryland Child and Adolescent Mental Health Institute to monitor the State's creation, implementation and utilization of EBP. DJS is working with the University of Maryland to ensure fidelity to the EBP models.

In addition, Maryland became the first State to become a member to the Association of the Advancement of Evidence Based Practices (see www.aaebp.org).⁴ In September 2008, Secretary DeVore will be a featured speaker at the Association's national conference that will focus on the implementation and utilization of EBP. In recognition of the important work he has undertaken in this area, the Association will present a Leadership Award to the Secretary at the conference.

The Department is completing development of the Maryland Comprehensive Assessment and Service Planning (MCASP) process. This is an innovative objective risk and needs assessment process that will be conducted throughout a youth's involvement with DJS and includes ongoing assessment to guide treatment and placement decisions and services. MCASP will produce a score that places the youth into a risk level. The risk levels vary from low- to high-risk. The risk level will primarily be used for placement into the different levels of care that include community services, foster care, residential programs, or secure care.

The MCASP will include the ten major domains known through research and practice to be related to juvenile delinquency and continued re-offending: 1) Criminal History; 2) School; 3) Use of Free Time; 4) Employment; 5) Relationships; 6) Family; 7) Alcohol and Drugs; 8) Mental Health; 9) Attitudes/Behaviors and 10) Skills. The new classification model begins with nonresidential placement alternatives and ends with secure residential programs.

As a result of standardized and accurate risk assessments and an emphasis on placing youth in appropriate settings, a treatment plan will be generated that

⁴ The Executive Director of the Association for the Advancement of Evidence Based Practices is Dr. Peter Greenwood, whose seminal work in this field is cited in the JJMU Report.

targets risk and criminogenic need areas so that youth will be matched to placements within the State based on public safety considerations and their treatment needs.

The MCASP model of integrated assessment and client case planning uses an evidence-based approach to service planning and management. The model is based on current research about the causes of and effective treatments for delinquency and recidivism. The Department has engaged national experts on integrated assessment systems in juvenile justice for consultation and technical assistance in this major undertaking. The Department is fully automating the MCASP process to support seamless electronic data exchange, communication, and production of treatment service plans throughout youths' residential placement and aftercare.

DJS also is implementing enhancements to its core programming for youth. Youth admitted to DJS treatment facilities will participate in the core programming while receiving individualized services based upon needs identified through assessment and service planning. All new treatment facilities will include the capacity to provide programming that will address the needs of the youth at any given point in the continuum. The program model is as follows:

- EQUIP
- Seven Challenges
- Cognitive Behavioral Therapy
- Individual and Family Counseling
- Specialized Clinical Groups
- Educational Services
- Vocational/Career Preparation and Training
- Restorative Justice Activities
- Structured Recreation
- Transition Planning and Services
- Outcome Measures

The JJMU Report does not accurately describe the similarities between the Maryland and Missouri models:

The Maryland Model is similar to Missouri's framework in that we utilize small group homes in residential neighborhoods to serve moderate-risk offenders. We have four Youth Centers that provide structure and supervision in a wilderness setting. In addition, we currently have one 48-bed hardware secure program (Victor Cullen) and we have engaged very actively in planning to build additional treatment facilities. Missouri incorporates a variety of practices in its residential treatment model including peer group approaches, and the Maryland Model incorporates the use of EQUIP, which has a Positive Peer Culture component.⁵

⁵ The Department consults with the former Director of the Missouri Department of Youth Services who spearheaded many of the well-regarded reform initiatives.

The JJMU Report does not accurately describe EQUIP, the treatment model used at the Victor Cullen Center, Waxter Center, the Youth Centers and Schaefer House:

The JJMU Report reflects a lack of understanding of the EQUIP treatment model. EQUIP assimilates the social skills training, anger management, and moral education components of Aggression Replacement Training (ART) into a modified Positive Peer Culture program.⁶ In other words, EQUIP is PPC plus ART.⁷ ART is identified as an effective practice by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Washington State Institute for Public Policy. EQUIP is also included in the Handbook of Adolescent Behavioral Problems: Evidence-based Approaches to Prevention and Treatment (2005). All facilities that have been trained in the EQUIP model are currently using ART. The EQUIP approach includes training in moral judgment, anger management, correction of thinking errors and pro-social skills.

Youth involved in the EQUIP training program participate in two types of group sessions - Equipment Meetings (in which the leader teaches specific skills) and Mutual Help Meetings (in which the leader coaches students as they use the skills they've learned to help each other). Contrary to the JJMU's assertion that only three weekly treatment group meetings are held, Victor Cullen conducts five treatment group meetings weekly in accordance with the requirements of the EQUIP model and the recommendations of its developers to hold a mix of mutual self-help meetings (PPC/Positive Peer Culture) and skills-based meetings (ART/Anger Replacement Therapy). A mix of three PPC and two ART meetings weekly is fully in line with the model.

Victor Cullen phased in and strengthened implementation of the EQUIP treatment model in its first months of operation, while continuing to hire and train direct care staff and clinicians and to increase the youth population served in the facility. The treatment model has been fully implemented.

The JJMU Report also inaccurately characterizes the status of the treatment model and services provided for youth at Waxter. Waxter currently uses elements of Positive Peer Culture, EQUIP and Growing Girls for Greatness models while transitioning fully to use of Growing Girls for Greatness. This period of transition may account for the JJMU's conclusion that the program lacks a coherent treatment model and the variability of responses by some staff to the JJMU's questions about the treatment model.

⁶ The Department has consulted with Larry Brendtro, one of the developers of Positive Peer Culture, about the model and related staff training.

⁷ *The EQUIP program: Teaching youth to think and act responsibly through a peer helping approach*, Gibbs, J., Potter, G., & Goldstein, A. P. (1995).

The Department has engaged a national expert to assist implementation of Growing Girls for Greatness, a specialized model focused on effective gender responsive practices in juvenile facilities. Gender responsive services provided at Waxter also currently include trauma screening; individual, group and family therapy; Girl Talk psycho-educational life skills groups; and individualized behavior management plans.

Contrary to the JJMU's assertions, Waxter's Master Schedule is followed unless there is a need for modification such as special programming and educational field trips, or adjustments for individual youth for court, medical appointments or illness.

The JJMU cite their observations of a PPC group at Meadow Mountain in which they observed youth to be "little disgruntled because they could not come to agreement" (JJMU Report, p. 25). Interestingly, this observation may be consistent with an expected aspect of group process. The developers of PPC explain that, "The struggle to reach a decision can be animated and at times frustrating... There may be honest differences of opinion on who most needs the meeting but differences can also cause a power struggle among individuals not really interested in deciding whose need is greatest... The conflict need not be solved for them... Occasionally, a leader may even let the group spend a whole meeting in trying to decide who should be helped, which may be a trying experience for a group but also may stimulate members to try to 'get it together'."⁸

The William Donald Schaefer House utilizes a 12-step recovery model and is certified by the Maryland Department of Health and Mental Hygiene, Alcohol and Drug Abuse Administration, as a Substance Abuse program. Note that the JJMU Report incorrectly identifies that parents can visit youth at Schaefer House for one hour per week. Visitation for parents/families is available for three hours per week.

Within the Department's regionalization structure, Green Ridge was established as a Regional Center supporting a continuum of services. The JJMU Report implies that Mountain Quest should have greater capacity for provision of substance abuse services. However Mountain Quest was not designed as a Substance Abuse Program. Green Ridge has Out Patient Substance Abuse Treatment and Intensive Out Patient Treatment Programs. Mountain Quest is not intended for youth who need these substance abuse programs; it is only 90 days in duration and is a wilderness adventure program.

Moreover, during the first half of FY 2009, the Department has contracted for specialized training for all addictions, mental health and case management staff statewide, including at the Schaeffer House, to implement the evidence-based Seven Challenges Program. Behavioral Health Services is considering options to enhance mental health treatment, including trauma-informed cognitive behavioral treatment

⁸ Vorrath, H. & Brendtro, L. (1985). *Positive Peer Culture*, (2nd Edition). New York: Aldine, pp. 91-92.

and dialectical behavioral treatment. Once the model is selected all behavioral health staff in the committed facilities will receive training.

Studies have shown substantial reduction in substance abuse and improvement in mental health status as measured by the GAIN (Global Appraisal of Individual Needs) inventory with use of the Seven Challenges Program. Some research also indicated significant mental health benefits as measured by the POSIT inventory (Problem Oriented Screening Instrument for Teenagers), a standardized screening method of assessing the severity of an adolescent's addiction and need for treatment and the screening tool that COMAR requires Maryland Adolescent Substance Abuse Treatment programs to use.

Seven Challenges is a counseling program for adolescents with substance abuse and co-occurring mental health and trauma issues. It incorporates motivational, cognitive behavioral and problem solving. Counseling sessions are supplemented by cooperative journaling in nine interactive journals and storytelling.

Through a series of trainings and ongoing fidelity monitoring, DJS will become licensed to provide the Seven Challenges Program. The Seven Challenges is projected to begin implementation in November of 2008. The program includes Leader Training for DJS designated staff. Each facility and program will select at least one Leader (generally the clinical director and clinical supervisor) to attend clinical training and learn how to monitor for fidelity to the model. The Leaders are also taught and qualified to deliver the Initial Training to new counselors and staff joining their facility.

DJS Response - Section III Treatment Service Plans

The Department is establishing the Maryland Comprehensive Assessment and Service Planning (MCASP) process, a major re-structuring of the approach to the development and implementation of treatment service planning that is described in more detail in the DJS Response to Section II of this JJMU Report.

The MCASP is designed as a seamless assessment and planning process that is modified to reflect the progress and needs of each youth throughout their involvement with DJS. For example, similar to recommendations in the JJMU Report, community case managers and facility case managers (within a multidisciplinary team including the youth and parents/guardians) will work jointly to identify priority needs and coordinate services for youth during placement.

With implementation of the MCASP, requirements of State Mandated and facility-specific treatment service plans will be closely aligned. Training for community case managers will be provided to enhance coordination, collection and analysis of information for completion of assessments, and accurate identification of youth needs and associated interventions. Regionalization of the Department's operational

functions will also foster integration of the focus and work of community and facility case managers for treatment service planning.

Initial facility treatment service plans are completed for youth on admission to committed facilities. The Treatment Service Plan process is ongoing and the planning becomes more detailed over time. This may explain the observation in the JJMU Report that treatment services plans contain a range of information from basic to very detailed.

Finally, the JJMU is incorrect that Schaefer House staff only received training to utilize ASSIST two months ago. ASSIST access has always been available in the facility, and staff receive training when they initially become ASSIST users and subsequently as needed. All Schaefer House staff who require access to ASSIST to perform their responsibilities for treatment service planning have been using ASSIST regularly. Most recently, DJS technology staff provided refresher training to ASSIST users at the Schaefer House about one month ago.

DJS Response – Section IV Vocational Programming

DJS is expanding workforce development opportunities for youth in the residential treatment facilities. By design, vocational programs should be differentiated to accommodate various program features such as length of stay. The content and focus of vocational curricula for youth at Schaefer House, where the length of stay is about 90 days, will differ from that at longer-term facilities. Schaefer House currently integrates career exploration and employability skills in the academic curriculum, and DJS will enhance this focus while emphasizing opportunities for linkage to career training and meaningful employment on release. DJS also provides and is expanding post-secondary educational opportunities for youth in the residential programs through distance learning and partnerships with community colleges.

The JJMU allege that DJS may not continue the Pre-Apprenticeship Program in the construction trades at Victor Cullen due to “difficulties” in scheduling. The JJMU is insinuating difficulties where none exist. Rather than experiencing difficulties, the Department continues to experience complete and enthusiastic cooperation from union officials and Department of Labor, Licensing and Regulations staff. The Department has discussed the Victor Cullen Pre-Apprenticeship Program in a variety of public forums and has responded to many inquiries. To our knowledge this is the first program of its kind in the country, and we welcome the very positive attention that the program has generated.

**The Victor Cullen
Pre-Apprenticeship
prepares youth for high-
growth jobs in the
construction trades**

A fall program was not possible for the Union Training Directors and Facilitators that conducted the 80-hour core curriculum, and the program is being offered in March 2009 to accommodate their schedule.

Eleven youth completed the inaugural Pre-Apprenticeship program with participation of 25 instructors from 18 Unions or Union Affiliated organizations who together delivered 84 hours of industry-recognized instruction in Building Trades, and hosted three half-day Trade Center Visits to Baltimore and Washington DC area apprenticeship programs. Additionally, youth received 12 hours of jobs skills training, including resume preparation and interviewing skills and Victor Cullen staff provided an additional 27 hours of math review and related activities in support of the program.

Participating youth received three college credit hours from the National Labor College, and eligibility for direct entry into many Union Apprenticeship Programs, and certificates for completion of CPR /First Aid and Occupational Safety and Health Administration (OSHA) training. Each youth also earned a \$150 stipend.

A celebration was hosted by the National Labor College and attended by Secretary DeVore and Secretary Tom Perez of the Department of Labor, Licensing and Regulation (DLLR), who read the positive testimonials of youth to the assembled youth, families and staff. Follow up with youth includes communication with field case managers, mentoring, and further educational and work opportunities. Plans are underway by DJS, the Maryland Department of Labor, Licensing and Regulation (DLLR), and the unions to begin a second program session.

DJS Response – Section V Aftercare Planning

The JJMU introduce this section of their report by summarizing selected best practices for aftercare planning, including initiating planning at entry to treatment facilities and continuing throughout the term of commitment, individualized case management, use of a validated assessment, and adjusting intensity of services to youth risks and needs.

The JJMU identify evidence of the use of many best practices for aftercare planning in their review of documentation in the residential facilities including:

At Waxter –

- **All files reviewed included progress notes**
- **Staff consistently identify that aftercare planning begins at entry**
- **Treatment Team meets for each girl, every 30 days**
- **Extensive discharge planning**

At Schaefer House –

- **Discharge summaries are “very complete” and are prepared for each youth**
- **Extensive progress notes in all files**
- **All youth were in contact with their community case manager**

- The example of aftercare services provided to one youth included assignment of two caseworkers who “visited him at all times of the day or night,” and NA, substance abuse and family counseling

At Backbone Mountain-

- Discharge and transition planning evident in all files reviewed
- All files contained progress notes
- Both youth interviewed were involved in their aftercare planning

At Green Ridge –

- All files reviewed contained progress notes
- 4/5 files reviewed contained detailed transition plans
- Both youth interviewed were satisfied with and could identify their aftercare plans

At Meadow Mountain –

- Aftercare plan established for each youth
- Aftercare planning begins on entry

At Savage Mountain –

- A multidisciplinary team including the youth and parent prepare an aftercare plan for each youth
- Community case managers connect youth to services in the community
- Community case managers follow-up to ensure youth are connected to services on discharge
- All youth interviewed knew their transition plans
- Two of three youth interviewed were satisfied with their aftercare services

To further strengthen aftercare planning, the Department is establishing Transition Specialist positions to maintain consistent contact with youth before their admission and following discharge from treatment facilities. Transition Specialists will ensure that youth are linked to appropriate community services.

The Department has focused MST and FFT services on diversion from residential placement but already offers and will continue to expand these evidence-based practices as part of aftercare to facilitate successful community re-entry.

Note that the JJMU Report discusses aftercare planning for two youth identified as M. D. and K. R. and as having been discharged from Victor Cullen, but a thorough search of our records failed to locate youth with those initials. While we certainly understand that the JJMU use pseudonyms in the report, in order to respond and address the identified issues, please contact us with information about specific youth..